

Kentucky Department for Environmental Protection  
Division of Waste Management  
Underground Storage Tank Branch  
300 Sower Boulevard – Frankfort KY 40601  
(502) 564-5981

FOR OFFICIAL USE ONLY –  
DO NOT WRITE IN THIS SPACE

Obligation Number:

**DRAFT**

### UST Re-Evaluation of a Reimbursable Amount

Date Form Completed	/ /		
<b>1. General Information</b>			
Agency Interest Number (AI)		PSTEAF Application Number	
Reimbursement Amount Requested	\$	Date of Directive	/ /
<b>2. UST Facility Information</b>			
UST Facility Name			
UST Facility Physical Address (PO Box not accepted)	Street Address:		
	City:	County:	Zip Code: -
<b>3. Applicant Information</b>			
Applicant Name			
Applicant Mailing Address	Street Address:		
	City:	State:	Zip Code: -
Applicant Contact Information	Phone: ( ) -	Email:	
Legally Authorized Representative / Agent		Phone: ( ) -	Email:
<b>4. Requirements</b>			
This request is for completion of the following activities and their expected costs per task as directed in the above referenced written directive. The following shall be used in determining the estimated costs and submitted with this re-evaluation.			
1. Costs shall be calculated using the personnel and equipment rates established in the UST PSTEAF Reimbursement Rates, Section 5 (401 KAR 42:250).			
2. A cost itemization for the specific individual task must be included, if the eligible company or partnership is completing the task.			
3. Three (3) itemized bids for each individual task must be included, if the task is being completed by a subcontractor on behalf of the eligible company or partnership from the area in which the facility is located (refer to 401 KAR 42:250, Section 7), if applicable.			
4. If a cost estimate was submitted for portions of the written directive, those costs shall again be submitted with this document.			
<b>5. Estimated Costs</b>			
Include a description of the task directed and the estimated costs (attach additional pages if necessary). Attach to this form all required information as described in Section 4 Requirements above.			
Task Description			Estimated Cost
1.			\$
2.			\$
3.			\$
4.			\$
5.			\$
6.			\$
7.			\$

AI \_\_\_\_\_

**6. Bids**

Bids shall be obtained only from persons qualified and able to perform the work being bid. Bids shall not be obtained from persons with whom the applicant or applicant's primary contractor has a financial interest. The lowest viable bid shall be the basis for reimbursement.

<b>Bid #1</b>	<b>Subcontractor Name</b>	
	<b>Description of work</b>	
	<b>Bid Amount</b>	\$
<b>Bid #2</b>	<b>Subcontractor Name</b>	
	<b>Description of work</b>	
	<b>Bid Amount</b>	\$
<b>Bid #3</b>	<b>Subcontractor Name</b>	
	<b>Description of work</b>	
	<b>Bid Amount</b>	\$

**7. Certification**

☐ Check here if the person completing the form is the same as the P.E. /P.G. named below.

<b>Name of Person Completing Form</b>			
<b>Email</b>		<b>Phone Number</b>	(   )   -

I certify that the foregoing cost estimate requested amount is true and accurate, and is effective until \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (MM/DD/YY). I certify that the costs listed are reasonable and necessary to the performance of the written directive. I understand that the UST Branch may request additional information to verify that the costs are reasonable and necessary for the completion of the written directive issued \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (MM/DD/YY).

<b>Professional Engineer or Professional Geologist</b>	<i>Printed</i>		<b>License #</b>	
	<i>Signature</i>		<b>Date</b>	/ /
<b>Applicant or Authorized Representative / Agent</b>	<i>Printed</i>		<b>Title</b>	
	<i>Signature</i>		<b>Date</b>	/ /

If you have questions on how to fill out this form please contact the cabinet at (502) 564-5981 or visit our web site at <http://waste.ky.gov/ust>. For copies of facility records please visit <http://eec.ky.gov/pages/openrecords.aspx> or email [DEP.KORA@ky.gov](mailto:DEP.KORA@ky.gov).